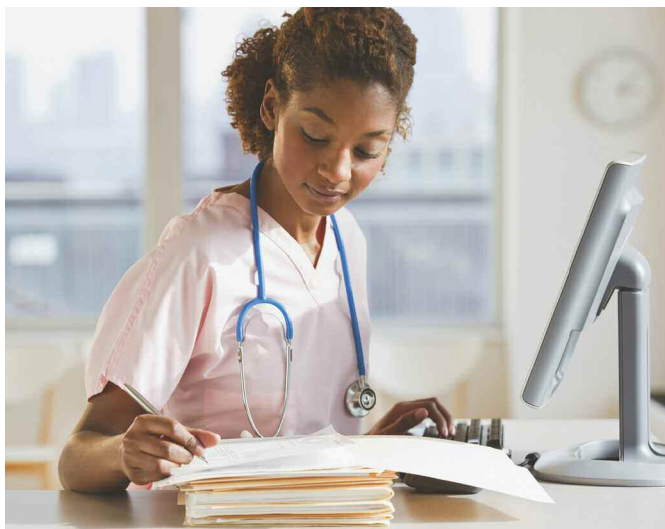


STEP 7B:

How to Bill for Adult Immunizations



THOUGH PREVENTIVE CARE, patient convenience, and expansion of services are good reasons for providing vaccinations to adults, adequate reimbursement offers an additional incentive. When vaccination services are billed appropriately, private insurance companies generally reimburse for adult immunizations, and Medicare covers routinely prescribed adult immunizations. By following some simple guidelines, you can minimize administrative hassles in billing for these services.

*Adapted and updated by
Immunization Action Coalition,
courtesy of the American College
of Physicians, 2015*

www.acponline.org/running_practice/payment_coding/coding/billvaccines.pdf

Health insurance coverage of adult vaccines

- **PRIVATE INSURANCE** – Most private health insurance plans cover the cost of providing recommended vaccines to your patients. If your patients do not currently have health insurance, refer them to www.HealthCare.gov to learn more about their healthcare coverage options.
- **MEDICARE** – For patients 65 years of age or older enrolled in Medicare, Medicare Part B covers the cost of influenza and pneumococcal vaccines, as well as hepatitis B vaccine for persons at increased risk of hepatitis B. Patients with a Medicare Prescription Drug Plan (Part D) or who are enrolled in a Medicare Advantage Plan (Part C) that offers Medicare prescription drug coverage may also have coverage for additional vaccines like zoster and Tdap. Additional information is available at www.medicare.gov.

Medicare Part B covers the cost of influenza and pneumococcal vaccines, as well as hepatitis B vaccine for persons at increased risk of hepatitis B.

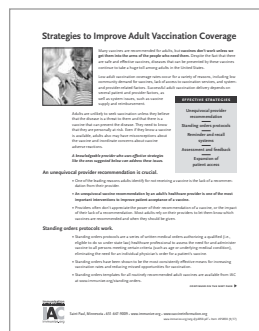
Vaccine coverage for Medicaid beneficiaries varies by state. Contact your State Medicaid Agency for more information.

- **MEDICAID** – Vaccine coverage for Medicaid beneficiaries varies by state. Contact your State Medicaid Agency (contact information available at www.medicare.gov/about-us/contact-us/contact-state-page.html) for more information.

This section summarizes Medicare Part B regulations in plain English and provides charts to help you properly code vaccinations for both Medicare

Innovative billing techniques, when combined with chart reminders, standing orders, and other methods of standardizing your office operations, can substantially reduce the costs of administering vaccinations in your office.

and third-party billers. It also explains how innovative billing techniques, when combined with chart reminders, standing orders, and other methods of standardizing your office operations, can substantially reduce the costs of administering vaccinations in your office. Additional information on improving immunization rates in your practice is found in IAC's *Strategies to Improve Adult Vaccination Coverage*, available at www.immunize.org/catg.d/p2050.pdf,



www.immunize.org/catg.d/p2050.pdf

as well as on the immunization websites for the American College of Physicians (<http://immunization.acponline.org>) and other medical associations and organizations listed in *Step 7A: Financial Considerations*.

Later in this section you can find the codes you will need to bill. (Table 3: *Immunization Codes Used to Bill Medicare* and Table 4: *Immunization Codes Used to Bill Third-Party Payers*.)

Billing Medicare for immunizations

Medicare Part B covers the cost of influenza and pneumococcal (both PPSV23 and PCV13) vaccines, as well as hepatitis B vaccine for persons at increased risk of hepatitis B. Medicare Part B does not cover other vaccinations unless they are directly related to the *treatment* of an injury or *direct exposure* to a disease or condition, such as anti-rabies treatment, tetanus antitoxin, and Td/Tdap for wound management. Therefore, in the absence of injury or direct exposure, *preventive* immunization against diseases such as pertussis, diphtheria, etc., is not covered



under Medicare Part B. These vaccines and other commercially available vaccines (such as zoster) typically are covered by Medicare Part D drug plans when they are ACIP-recommended to prevent illness. Billing for Part D vaccines goes directly to the third-party drug coverage plan.

Though not reimbursed directly through the Medicare Physician Fee Schedule, the administration of influenza, pneumococcal, and hepatitis B vaccines (HCPCS codes G0008, G0009, and G0010) is reimbursed at the same rate as CPT code 90471 for the year that corresponds to the date of service of the claim.

Billing Medicare for additional services

When administering influenza, pneumococcal, and/or hepatitis B vaccines, you may bill for additional reasonable and necessary services. For example, you can bill HCPCS G0008 for administering influenza vaccine and also bill for other services performed during the same visit, including an evaluation and management (E&M) service. Each additional service should always be justified with an appropriate diagnosis code.

However, if you use “roster billing” (see below), you should not list additional services on the roster bill. All other covered services, including office visits, are subject to more comprehensive data requirements; you should bill them using normal Part B claims filing procedures and forms.

Roster billing also can substantially lessen the administrative burden on physician practices by allowing them to submit one claim for all of the Medicare beneficiaries that received either pneumococcal or influenza vaccines on a given day.

Roster billing

(Influenza and pneumococcal vaccinations only)

The simplified roster billing process was developed to enable Medicare beneficiaries to participate in mass pneumococcal and influenza vaccination programs. (Note: Medicare has not developed roster billing for hepatitis B or any other vaccinations.) Roster billing also can substantially lessen the administrative burden on physician practices by allowing them to submit one claim for all of the Medicare beneficiaries that received either pneumococcal or influenza vaccines on a given day. Medicare will often refer to providers who utilize roster billing as “mass immunizers.”

For Medicare Part B submissions, physician practices and other mass immunizers must submit a separate preprinted CMS-1500 paper claim form or bill electronically for each type of vaccination (either influenza or pneumococcal) and attach a roster bill containing information for two or more Medicare beneficiaries. When mass immunizers choose to conduct roster billing electronically, they are required to use the HIPAA-adopted ASC X12N 837 claim standard. Local Medicare Administrative Contractors (MACs) may offer low or no-cost software to help providers utilize roster billing electronically. However, this software is not currently available nationwide, so check with your local MAC for specifics in your area.

All entities that submit claims on roster bills must accept assignment, meaning they must agree to accept the amount that Medicare allows as the total payment. Roster bills submitted by providers to a MAC must contain at least two patients’ names, and the date of service for each vaccination administered must be the same.



For additional information on roster billing, see the CMS document *Mass Immunizers and Roster Billing: Simplified Billing for Influenza Virus and Pneumococcal Vaccinations* at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mass_Immunize_Roster_Bill_factsheet_ICN907275.pdf.

fied Billing for Influenza Virus and Pneumococcal Vaccinations at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mass_Immunize_Roster_Bill_factsheet_ICN907275.pdf.

TABLE 1: To further minimize the administrative burden of roster billing, providers **CMS-1500 Form** can pre-print the following blocks on a modified CMS-1500 form:

Block #	Information that can be preprinted on form
1	X in “Medicare” block
2 Patient’s Name	“See Attached Roster”
11 Insured’s Policy Group or FECA #	“None”
20 Outside Lab?	X in “No” block
21 Diagnosis or Nature of Illness or Injury	Enter Z23
24B Place of Service (POS)	Line 1: “60” Line 2: “60” ALL entities should use POS code “60” for roster billing. (POS code “60” = mass immunization center)
24D Procedure, Services, or Supplies	Line 1: Select appropriate vaccine Line 2: Select appropriate administration codes (separate line items for each)
24E Diagnosis Pointer (Code)	Use “A” for lines 1 and 2
24F Charges	Use the unit cost of the particular vaccine (Contractors will replicate the claim for each beneficiary listed on the roster.) NOTE: If you are not charging for the vaccination or its administration, enter “0.00” or “NC” (no charge) on the appropriate line for that item. If your system is unable to accept a line item charge of 0.00 for an immunization service, do not key the line item. Likewise, Electronic Media Claim (EMC) billers should submit line items for free immunization services on EMC pneumococcal or influenza vaccination claims only if their system accepts them.
27 Accept Assignment?	X in “Yes” block
29 Amount Paid	“\$0.00”
31 Signature of Physician or Supplier	Signature of physician or entity’s representative
32 Service Facility Location Information	Enter the name, address, and zip code of the location where service was provided
32a	NPI of the service facility
33 Billing Provider Info and Phone #	Billing provider information and phone number
33a	NPI of the billing provider or group

A separate CMS-1500 for each type of vaccination must have an attached roster that includes the following information:

- Provider’s name and identification number (NPI)
- Date of service
- Control number for the MAC
- Beneficiary/patient:
 - Health insurance claim number (HICN)
 - Name and address
 - Date of birth
 - Sex
 - Signature or stamped “signature on file”

A “signature on file” stamp or notation qualifies as a signature on a roster claim form in cases where the provider has a signed authorization to bill Medicare for services on file in the beneficiary’s record (e.g., when the vaccine is administered in a physician’s office).

The MAC can modify the format of the roster bill to meet the needs of individual providers. The MAC has the responsibility to develop suitable roster bill formats that meet provider and MAC needs and contain the minimum data necessary to satisfy processing requirements for these claims.

NOTE: The roster bills for influenza and pneumococcal vaccinations are not identical. Pneumococcal rosters must contain the following language:

Warning: Beneficiaries must be asked if they have received a pneumococcal vaccination.

- Rely on patient’s memory to determine prior vaccination status.

Providing free immunizations

The majority of vaccinations administered to Medicare beneficiaries in private practice will be documented (e.g., in the office medical record and perhaps an immunization registry) and a bill submitted for payment. However, practices sometimes waive part or all of their fees due to a patient’s inability to pay or for other reasons. Also, some practices may sponsor health fairs where they provide free vaccinations to the public as part of their marketing efforts to attract new patients. If you give vaccines to Medicare beneficiaries free of charge, you must adhere to the following:

Practices sometimes waive part or all of their fees due to a patient’s inability to pay or for other reasons.

TABLE 2: Medicare Billing Policy

Provider’s policy for providing vaccines to NON-Medicare patients	Can Medicare be billed for providing the same service to Medicare beneficiaries?
Vaccine administered free of charge, regardless of patient’s ability to pay	No
Vaccine administered at no/reduced charge for patients of limited means, but provider expects to be paid if patient’s health insurance covers vaccinations	Yes* * However, providers may not charge Medicare beneficiaries more than non-Medicare patients for vaccines or administration

You may bill Medicare for vaccines administered to Medicare beneficiaries even if you render services free of charge to non-Medicare beneficiaries. However, your administration fee cannot be billed to Medicare if you typically administer vaccines at no cost to non-Medicare beneficiaries. For vaccines purchased through a CDC vaccine purchase contract,



regardless of whether federal, state, or local funds are being used, you may bill and expect payment from Medicare for the administration cost only.

Government providers must follow a separate set of Medicare requirements if they administer vaccinations in a facility operated by a federal, state, or local health department, such as a public health clinic. Private providers also must follow a separate set of requirements if they administer vaccines provided by a federal, state, or local government.

Centralized billing

The centralized billing process was developed to ease the administrative burden for very large institutions with mass immunization sites scattered throughout the country.

The centralized billing process was developed to ease the administrative burden for very large institutions with mass immunization sites scattered throughout the country (e.g., large healthcare networks covering multiple states, and national pharmacy chains). Centralized billing allows such institutions (i.e., mass immunizers) to send all claims for influenza and pneumococcal vaccinations to a single MAC for payment, regardless of the geographic locality in which the vaccination was administered. The cost of administering influenza and pneumococcal vaccinations will be reimbursed per the Medicare Physician Fee Schedule (MPFS) for the appropriate locality. The cost of vaccines will be reimbursed per Medicare's standard method for reimbursing drugs and biologicals. This is based on the lower of charges or 95 percent of the Average Wholesale Price (AWP). (For more

specifics about Centralized Billing, contact your local MAC. Contact information may be found at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/contact_list.pdf.)

Multistate mass immunizers interested in centralized billing should contact the CMS Central Office, in writing, at the following address by the first of June each year:

Centers for Medicare and Medicaid Services
Division of Practitioner Claims Processing
Provider Billing Group
7500 Security Boulevard
Mail Stop C4-10-07
Baltimore, Maryland 21244

The enrollment process takes 8 to 12 weeks, with approval limited to the 12-month period from September 1 through August 31 of the following year.

Additional Medicare information

For additional information about Medicare coverage, payment, billing, claims processing, edits, mass immunization, and more, contact CMS directly at www.cms.gov/Medicare/Prevention/Immunizations/index.html?redirect=/immunizations

Other important Medicare information is available at the links provided below:

Current Updates for Providers (*Select the current year for the MLN Matters articles and enter "vaccine" in the filter.*)

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles

Medicare Enrollment

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll

Seasonal Influenza Vaccines Pricing

www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html

TABLE 3: Immunization Codes Used to Bill MEDICARE

NOTE: These vaccine codes were current as of July 2017. However, coding information is updated semi-annually. Always refer to current Medicare publications for the most up-to-date coding information.

Vaccine	CPT Code**	Description	Brand Name	Admini- stration Code	Diagnosis Code (ICD-10)
Influenza	90630	Influenza virus vaccine, quadrivalent (IIV4-ID), split virus, preservative-free, for intradermal use	Fluzone Intradermal Quad	G0008	Z23
	90653	Influenza vaccine, inactivated (aIIV), sub-unit, adjuvanted, for IM use	Fluad		
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, 0.5 mL dosage, for IM use	Afluria Fluvirin		
	90658 / Q2035 / Q2037‡	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for IM use	Afluria Fluvirin		
	90662	Influenza virus vaccine (IIV3-HD), split virus, preservative-free, enhanced immunogenicity via increased antigen content, for IM use	Fluzone High Dose		
	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use <i>(unavailable for 2017–18 season)</i>	FluMist Quad		
	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative- and antibiotic-free, for IM use	Flublok		
	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, sub-unit, preservative- and antibiotic-free, 0.5 mL dosage, for IM use	Flucelvax Quad		
	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative- and antibiotic-free, for IM use	Flublok Quad		
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, 0.25 mL dosage, for IM use	Fluzone Quad		
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, 0.5 mL dosage, for IM use	Afluria Quad Fluarix Quad FluLaval Quad Fluzone Quad		

‡ In Medicare, CPT Code 90658 is valid only for patients who are under 65 years of age. For Medicare patients age 65 years and older, providers should use the Q code specific to each vaccine (Afluria – Q2035; Fluvirin – Q2037).

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TABLE 3: Immunization Codes Used to Bill MEDICARE

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NOTE: These vaccine codes were current as of July 2017. However, coding information is updated semiannually. Always refer to current Medicare publications for the most up-to-date coding information.

Vaccine	CPT Code*	Description	Brand Name	Administration Code	Diagnosis Code (ICD-10)
Influenza	90687	Influenza virus vaccine, quadrivalent (IIV4), 0.25 mL dosage, for IM use	Fluzone Quad	G0008	Z23
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for IM use	Afluria Quad FluLaval Quad Fluzone Quad		
	90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, sub-unit, antibiotic-free, 0.5 mL dosage, for IM use (<i>effective January 1, 2018</i>)	Flucelvax Quad		
Influenza	<i>HCPCS Codes</i>			G0008	
	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for IM use	Afluria		
	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for IM use	FluLaval		
	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for IM use	Fluvirin		
	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for IM use	Fluzone		
	Q2039	Influenza virus vaccine, not otherwise specified	n/a		
Pneumococcal	90670	Pneumococcal conjugate vaccine, 13-valent (PCV13), for IM use	Prennar13	G0009	
	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or IM use	Pneumovax23		

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TABLE 3: Immunization Codes Used to Bill MEDICARE

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NOTE: These vaccine codes were current as of July 2017. However, coding information is updated semiannually. Always refer to current Medicare publications for the most up-to-date coding information.

Vaccine	CPT Code*	Description	Brand Name	Administration Code	Diagnosis Code (ICD-10)
Hepatitis B	90739	Hepatitis B vaccine (HepB), adult dosage, 2-dose schedule, for IM use	Recombivax HB	G0010	Z23
	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for IM use	Recombivax HB		
	90743	Hepatitis B vaccine (HepB), adolescent, 2-dose schedule, for IM use	Recombivax HB		
	90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for IM use	Engerix B Recombivax HB		
	90746	Hepatitis B vaccine (HepB), adult dosage, 3-dose schedule, for IM use	Engerix B Recombivax HB		
	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for IM use	Engerix B Recombivax HB		

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Billing third-party payers for immunizations (*not Medicare*)

Below is a table that can be used as a guide for billing insurance companies *other than Medicare* for adult immunizations. Third-party payers have varying payment policies, so *check with your local payers for specifics in your area*.

Some insurance companies will accept the same G codes for the administration of influenza, pneumococcal polysaccharide, pneumococcal conjugate, and hepatitis B vaccines that are required by Medicare. However, most insurers use the “Administration Codes” listed at right:

Vaccine Administration Codes

90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); **1 vaccine** (single or combination vaccine/toxoid)

90472 Each additional vaccine injection (single or combination vaccine/toxoid) (List separately, in addition to code for primary procedure)

90473 Immunization administration by intranasal or oral route: 1 vaccine (single or combination vaccine/toxoid) (Do not report 90473 in conjunction with 90471)

90474 Each additional vaccine by intranasal or oral route (single or combination vaccine/toxoid) (List separately, in addition to code for primary procedure)

TABLE 4: Immunization Codes Used to Bill THIRD-PARTY PAYERS

NOTE: These vaccine codes were current as of July 2017. However, coding information is updated semi-annually. Always refer to current payer publications for the most up-to-date coding information.

Vaccine	CPT Code*	Description	Brand Name	Administration Code	Diagnosis Code (ICD-10)
Hepatitis A	90632	Hepatitis A vaccine (HepA), adult dosage, for IM use	Havrix Vaqta	90471 or 90472	Z23
	90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage, 2-dose schedule, for IM use	Havrix Vaqta		
Hepatitis A and Hepatitis B	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for IM use	Twinrix		
Hepatitis B	90739	Hepatitis B vaccine (HepB), adult dosage, 2-dose schedule, for IM use	Recombivax HB		
	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for IM use	Recombivax HB		
	90743	Hepatitis B vaccine (HepB), adolescent, 2-dose schedule, for IM use	Recombivax HB		

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TABLE 4: Immunization Codes Used to Bill THIRD-PARTY PAYERS

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NOTE: These vaccine codes were current as of July 2017. However, coding information is updated semiannually. Always refer to current payer publications for the most up-to-date coding information.

Vaccine	CPT Code*	Description	Brand Name	Administration Code	Diagnosis Code (ICD-10)
Hepatitis B	90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for IM use	Engerix B Recombivax HB		
	90746	Hepatitis B vaccine (HepB), adult dosage, 3-dose schedule, for IM use	Engerix B Recombivax HB		
	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for IM use	Engerix B Recombivax HB		
Human Papillomavirus (HPV)	90651	Human papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58 (9vHPV), 2- or 3-dose schedule, for IM use	Gardasil 9	90471 or 90472	Z23
Influenza	90630	Influenza virus vaccine, quadrivalent (IIV4-ID), split virus, preservative-free, for intradermal use	Fluzone Intradermal Quad		
	90653	Influenza vaccine, inactivated (aIIV), subunit, adjuvanted for IM use	Fluad		
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, 0.5 mL dosage, for IM use	Afluria Fluvirin		
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for IM use	Afluria Fluvirin		
	90662	Influenza virus vaccine (IIV-HD), split virus, preservative-free, enhanced immunogenicity via increased antigen content, for IM use	Fluzone High Dose		
	90672	Influenza virus vaccine, quadrivalent (LAIV), live, for intranasal use (unavailable for 2017–18 season)	FluMist Quad		
	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative- and antibiotic-free, for IM use	Flublok		
	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative- and antibiotic-free, 0.5 mL dosage, for IM use	Flucelvax Quad		

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TABLE 4: Immunization Codes Used to Bill THIRD-PARTY PAYERS

NOTE: These vaccine codes were current as of July 2017. However, coding information is updated semiannually. Always refer to current payer publications for the most up-to-date coding information.

CONTINUED FROM PREVIOUS PAGE

Vaccine	CPT Code*	Description	Brand Name	Administration Code	Diagnosis Code (ICD-10)
Influenza	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative- and antibiotic-free, for IM use	Flublok Quad	90471 or 90472	Z23
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, 0.25 mL dosage, for IM use	Fluzone Quad		
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, 0.5 mL dosage, for IM use	Afluria Quad Fluarix Quad FluLaval Quad Fluzone Quad		
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for IM use	Fluzone Quad		
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for IM use	Afluria Quad FluLaval Quad Fluzone Quad		
	90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic-free, 0.5 mL dosage, for IM use <i>(effective date: January 1, 2018)</i>	Flucelvax Quad		
Measles, Mumps, and Rubella	90707	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	M-M-R II		
Measles, Mumps, Rubella, and Varicella	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad		
Meningococcal (Groups A, C, Y, W-135)	90734	Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135, quadrivalent (MenACWY), for IM use	Menactra Menveo		
Meningococcal (Group B)	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2-dose schedule, for IM use	Bexsero		
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2- or 3-dose schedule, for IM use	Trumenba		

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**TABLE 4: Immunization Codes
Used to Bill THIRD-PARTY PAYERS**

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NOTE: These vaccine codes were current as of July 2017. However, coding information is updated semiannually. Always refer to current payer publications for the most up-to-date coding information.

Vaccine	CPT Code*	Description	Brand Name	Administration Code	Diagnosis Code (ICD-10)
Pneumococcal	90670	Pneumococcal conjugate vaccine, 13-valent (PCV13), for IM use	Prenar13	90471 or 90472	Z23
	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or IM use	Pneumovax23		
Polio	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or IM use	Ipol		
Tetanus and Diphtheria	90714	Tetanus and diphtheria toxoids (Td) absorbed, preservative-free, for use in individuals 7 years or older, for IM use	Decavac Tenivac		
Tetanus, Diphtheria, and Pertussis	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for IM use	Adacel Boostrix		
Varicella	90716	Varicella virus vaccine, live, for subcutaneous use	Varivax		
Zoster	90736	Zoster (shingles) vaccine, live (HZV), for subcutaneous injection	Zostavax		
	90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for IM use <i>(CPT code effective date: January 1, 2018, pending FDA licensure of the vaccine)</i>	Shingrix		

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